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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/452,528 12/01/1999 PAT 6,383,205
 which is a CON of 08/941,514 09/30/1997 PAT 6,066,149

OK *[Signature]*

** FOREIGN APPLICATIONS *****

None *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/16/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> <i>[Initials]</i>				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Mechanical clot treatment device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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